



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Scott et al.

Application No.: 09/904,600

Filed: July 12, 2001

Title: ELECTRODE PROBE COIL FOR MRI

Attorney Docket No.: STFUP076/S00-131

Examiner: Lin, Jeoyuh

Group: 3737

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on May 21, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed:

Kristina Gomez
Kristina Gomez

AMENDMENT B

9/13
6/5

Mail Stop _____
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 26, 2003, please amend the above-identified patent application as follows:

In the Claims:

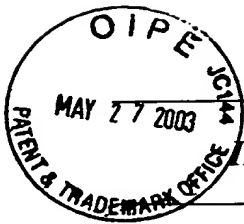
Rewrite claims 1, 3, 4, 13, and 15-18 as follows:

1. (Currently amended) A probe for detecting magnetic resonance signals emitted from a region of interest including a conducting medium in an object comprising:

- (a) at least first and second electrodes positionable on or within the object in proximity to the region of interest, distal ends of the electrodes being spaced apart and disconnected, and
- (b) feed wires coupling proximal ends of the electrodes to a signal detector.

2. (Original) The probe as defined by claim 1 wherein the first and second electrodes are spaced apart with matter within the region of interest therebetween.

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Kristina Gomez

AMENDMENT B TRANSMITTAL

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TECHNOLOGY CENTER R3700

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	17	MINUS	20	00	x 9 =	x 18 =
Independent Claims	02	MINUS	03	00	x 42 =	x 84 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$140.00	\$280.00
Total					\$	\$

☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.

☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. STFUP076).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


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